2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 01, 2002 8:00 am
Secretary of State
03-27-2002 90076 026 ****61.25

DOCUMENT # N00000006562

1. Entity Name

FRIENDS OF THE FREEDOM PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
PO BOX 76102 OCALA FL 34481	PO BOX 76102 OCALA FL 34481

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ~~APPLIED FOR~~ 65-1035317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THIEDE, MARY JANE 6745 S.W. 111 LOOP OCALA FL 34476	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Mary Jane Thiede 2/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THIEDE, MARY JANE 6745 SW 111 LOOP OCALA FL 34476	☐ Delete	D Carole Troster 10483 SW 52 CT Ocala FL 34476	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISENER, JOANNE 10956 SW 81 AVE. OCALA FL 34481	☑ Delete	D Janet Wise 9973 SW 59th Cir Ocala, FL 34476	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENDICOTT, LEE 11540 S.W. 84TH AVE. RD. OCALA FL 34481	☑ Delete	D Mary Ann Wurst 11601 SW 77 CIRCLE Ocala, FL 34476	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D Carole Troster~~	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D Janet Wise~~	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Jane Thiede 2/20/02 352-861-8754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #